On School Letterhead SAMPLE LETTER that may be sent home with each child **prior** to completion of nutrition screening

Dear Parent:

The school nurse will soon begin nutritional screening with all 5th grade students. You probably remember the time when your preschooler was weighed and measured then plotted on a growth chart at each physician or nurse visit. You may have saved those growth records in your child's baby book. Those growth charts could be used only for girls up to 10 years of age and boys up to 11½ years. The health community was excited when in May 2000, Centers for Disease Control and Prevention introduced new and updated growth charts for children age 2-20 years. The new charts include Body Mass Index (BMI) charts that are age and gender specific. We are pleased to be able to once again provide parents with information related to their child's growth. Although evaluating a child's growth over time is more important than a single measurement, single measurements can be used to screen children who may be at nutritional risk and need additional assessment.

All children who are weighed and measured will also fill out a Food Frequency Questionnaire (FFQ), a form that asks questions about how often different foods are eaten and how often the child participates in physical activity. Students enjoy receiving their results in the classroom, and these are used as a teaching tool for comparing individual eating habits to the recommendations of the Food Guide Pyramid.

All children in the 5th grade will participate in the project unless you indicate in writing that you do not want your child to participate. Requests for non-participation must be received by (Date)_____ and should be sent to:

Insert School Nurse contact information

All screening is done in a way that protects your child's privacy and results are confidential. All parents will be provided with their child's growth record. All children will receive the results of their food frequency questionnaire. The school nurse will contact you if any results indicate that your child should be seen by a health care provider. If you have questions or concerns about the screening program, please feel free to contact me at (phone) between the hours of (ex. 8am-3pm, M-F).

Sincerely, Name and Title